

case, we are providing CHAP with a probationary period of 180 days. Within 60 days after the end of CHAP's probationary period, we will make a final determination as to whether or not CHAP's hospice accreditation requirements are comparable to CMS requirements and issue an appropriate notice that includes reasons for our determination, no later than July 18, 2010. If CHAP has not made improvements acceptable to CMS during the 180-day probationary period, we may remove recognition of deemed authority for its hospice program effective 30 days after the date we provide written notice to CHAP that its hospice deeming authority will be removed. In addition, due to the significant number of areas of noncompliance, we will conduct a follow-up corporate onsite visit to validate compliance with the provisions of this final notice.

B. Term of Approval

Based on the review and observations described in section III of this final notice, we have determined that CHAP's accreditation program for hospices requires further revision and subsequent review. We believe that with additional time, CHAP will be able to make the necessary revisions to ensure that CHAP's accreditation program for hospices meets or exceeds the Medicare requirements as stated in Part 418. Therefore, we conditionally approve CHAP as a national accreditation organization for hospices that request participation in the Medicare program, effective November 20, 2009 through November 20, 2012, with a 180-day probationary period beginning November 20, 2009 through May 19, 2010. As stated above, we will publish a final determination giving final approval or revoking such approval no later than July 18, 2010.

IV. Collection of Information Requirements

This document does not impose information collection and recordkeeping requirements. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 35).

(Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program; No. 93.773 Medicare—Hospital Insurance Program; and No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: September 24, 2009.

Charlene Frizzera,

Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. E9–25072 Filed 10–22–09; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1505–N]

Medicare Program; Criteria for Medicare Coverage of Inpatient Hospital Rehabilitation Services

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Rescission of Ruling.

SUMMARY: This notice rescinds HCFA Ruling 85–2, “Medicare Criteria for Coverage of Inpatient Hospital Rehabilitation Services,” 50 FR 31040 (July 31, 1985), as corrected at 50 FR 32643 (Aug. 13, 1985) which established the criteria for Medicare coverage of inpatient hospital rehabilitation services.

DATES: *Effective Date:* This notice is effective on January 1, 2010.

FOR FURTHER INFORMATION CONTACT: Julie Stankivic, (410) 786–5725.

SUPPLEMENTARY INFORMATION:

I. Background

The criteria for Medicare coverage of inpatient hospital rehabilitation services set forth in HCFA Ruling 85–2 (HCFAR–85–2) were developed more than 25 years ago, and were designed to provide coverage criteria for a small subset of providers furnishing intensive and complex therapy services in a fee-for-service environment to a small segment of patients whose rehabilitation needs could only be safely furnished at a hospital level of care. In the final rule implementing the Inpatient Rehabilitation Facility Prospective Payment System for Federal FY 2010, published August 7, 2009 in the **Federal Register** (74 FR 39762), we adopted inpatient rehabilitation facility (IRF) coverage requirements and technical revisions to certain other IRF requirements to reflect the changes that have occurred in medical practice during the past 25 years. The new IRF coverage requirements adopted in the final rule are effective for IRF discharges occurring on or after January 1, 2010. As discussed in the final rule (74 FR 39762, at 39797), we anticipate that these new coverage requirements will be further

interpreted by new manual provisions in Chapter 1, Section 110 of the Medicare Benefit Policy Manual that will also go into effect on January 1, 2010. Thus, HCFAR 85–2 (and the current manual provisions, rev. 1, effective October 1, 2003) will continue to apply for all IRF discharges that occur prior to January 1, 2010.

II. Provisions of the Notice

Effective January 1, 2010, this notice rescinds HCFAR 85–2 published in the **Federal Register** on July 31, 1985 (50 FR 31040).

III. Collection of Information Requirements

This document does not impose information collection and recordkeeping requirements. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995.

Authority: Sections 1812, 1814, 1861 and 1862 of the Social Security Act (42 U.S.C. 1395d, 1395f, and 1395x, and 1395y). (Catalog of Federal Domestic Assistance Program No. 93.773 Medicare—Hospital Insurance Program; and No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: September 24, 2009.

Charlene Frizzera,

Acting Administrator, Centers for Medicare & Medicaid Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket Number NIOSH–187]

Proposed Enhancements to Occupational Health Surveillance Data Collection Through the Healthcare Personnel Safety (HPS) Component of the National Healthcare Safety Network (NHSN); Correction

A notice of public meeting and availability for public comment was published in the **Federal Register**, September 21, 2009, (74 FR 48081). This notice is corrected as follows:

On page 48081, third column: The heading “Place” the name of the hotel has been changed to the Doubletree Hotel.